

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.
107049229

FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
	2				
	3				
1	4	1			
	5				
	6				
	7				
	8				
	9				
	10				
1	11				
	12				
	13				
	14				
	15				
	16				
	17				
1	18	1			
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				
	32				
	33				
	34				
	35				
	36				
	37				
	38				
	39				
	40				
	41				
	42				
	43				
	44				
	45				
	46				
	47				
	48				
	49				
	50				
	51				
	52				
	53				
	54				
	55				
	56				
	57				
	58				
	59				
	60				
	61				
	62				
	63				
	64				
	65				
	66				
	67				
	68				
	69				
	70				
	71				
	72				
	73				
	74				
	75				
	76				
	77				
	78				
	79				
	80				
	81				
	82				
	83				
	84				
	85				
	86				
	87				
	88				
	89				
	90				
	91				
	92				
	93				
	94				
	95				
	96				
	97				
	98				
	99				
	100				
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
12	↓	3	↓		↓
14		17			
36		30			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS